Physician Payment for Quality Advisory Committee Report

Health and Human Services Commission

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Texas Health and Human Services Commission

Physician Payment for Quality Committee

Executive Summary:

The Physicians Payment for Quality Committee was established to identify overused physician services in the Medicaid program and to make recommendations to HHSC to reduce payment for services identified by the committee. There are potential challenges with implementation of these recommendations. Due to the nature of the recommendations, they are not likely to be implemented solely through claims processing edits, but rather through utilization management processes and/or retrospective reviews. Therefore, any projected savings associated with these recommendations needs to be weighed against the cost of instituting those controls in both fee for service and managed care environments.

I. Legislation:

The *2012-2013 General Appropriations Act, H.B. 1, 82nd t Legislature, Regular Session, 2011 (Article II, Health and Human Services Commission, Rider 68* directed the Health and Human Services Commission (HHSC) to establish the Physician Payment for Quality (PPQ) Committee to determine the ten most overused services performed by physicians in Texas Medicaid. Executive Commissioner Thomas M. Suehs appointed the following individuals to the committee:

- Dr. David Palafox, Medical Director of El Paso First Health Plans, Inc., El Paso, chairman
- Dr. Joane Baumer, JPS Physician Group, Fort Worth, vice- chairman
- Dr. John Janes, Medical Director of Blue Bonnet Trails Community MHMR, Round Rock
- Dr. Alfred Knight, President of the Scott & White Healthcare Foundation, Temple
- Dr. Isabel Menendez, Medical Director for Medical Imaging Diagnostic Associates, Portland
- Dr. Fausto Meza, Doctors Hospital at Renaissance, Edinburg
- Dr. Bruce Meyer, Executive Vice President of Health System Affairs, UT-Southwestern, Dallas
- Dr. Michael Stanley, Regional President of Pediatrix , Fort Worth
- Dr. Jerald Zarin, Medical Director for BCBS of Texas, Houston

Dr. William Glomb, Medical Director for Medicaid-CHIP, HHSC, and Dr. Maureen Milligan, Director, Texas Institute of Health Care Quality and Efficiency, HHSC, serve as ex officio members.

The Executive Commissioner named Dr. Palafox as chairman and Dr. Baumer as vice-chairman.

The committee met for the first time on March 2, 2012. Follow-up meetings were held on May 4 and August 10. Committee recommendations were approved on October 12.

II. Rider language

Rider 68: Medicaid Cost and Quality: Physician Payment for Quality.

Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission (HHSC) shall establish a committee of Texas physicians and HHSC representatives in order to determine the ten most overused services performed by physicians in Texas Medicaid, using national guidelines related to unnecessary medical procedures as the basis for this determination.

Based on these determinations, HHSC shall decrease Medicaid payments for those services that should not be provided. Physicians will maintain the right to appeal the decision in individual cases.

III. Considerations

The rider calls upon HHSC to "decrease payments for those services that should not be provided." HHSC has multiple options on strategies to bring about a decrease in expenditures associated with overused services. Depending on the identified area of overuse, strategies to curtail overuse could include reimbursement rate revisions, prior authorization changes, medical and program policies amendment, utilization reviews, performance standards for HMOs, etc.

While the rider required a list of 10 services, the committee decided to supplement the minimum list with other potentially overused/unnecessary services since clear national guidelines were available. The committee found value in a compilation of 45 recommendations from nine medical professional societies (five apiece) assembled by the American Board of Internal Medicine (ABIM) Foundation's "Choosing Wisely" campaign.

Web-link to Choosing Wisely: http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx

IV. Committee Recommendations

Overuse of Antibiotics

1. Antibiotics for uncomplicated acute, mild-to-moderate sinusitis unless symptoms last for seven or more days or symptoms worsen after initial clinical improvement. American Academy of Allergy, Asthma & Immunology and American Academy of Family Physicians]
2. Antibiotics for children with Pharyngitis, with exclusions for documented strep [National Physicians Alliance]

Overuse of ionizing radiation: CT/MRI, complex radiology

1. Sinus computed tomography (CT) for uncomplicated acute rhinosinusitis. [American Academy of Allergy, Asthma & Immunology]
2. Brain imaging studies (CT or MRI) for evaluation of simple syncope with a normal neurological examination [American College of Physicians]
3. Imaging for uncomplicated headache [American College of Radiology]
4. Computed tomography (CT) scans should not be repeated for a patient with functional abdominal pain syndrome (as per ROME III criteria) without a major change in clinical findings or symptoms [American Gastroenterological Association]

Overuse of Diagnostic Imaging: X-Ray, lower level radiology

1. Preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology [American College of Physicians]
2. Chest x-rays for ambulatory patients for admission or preoperative with unremarkable history and physical exam [American College of Radiology]
3. Routine or "rule-out" chest x-rays during asthma exacerbations, absent appropriate clinical findings suggesting that a pathological process, other than asthma, is present. [Global Initiative for Asthma: Global Strategy for Asthma Management and Prevention (update 2011) and National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (Full Report 2007)]
4. Imaging for non-trauma, non-specific low back pain within the first six weeks, unless red flags are present [American Academy of Family Physicians, American College of Physicians and National Physicians Alliance]
5. Dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors [American Academy of Family Physicians and National Physicians Alliance]
6. Imaging studies as the initial diagnostic test in patients with low pretest probability of venous thromboembolism. A high-sensitive D-dimer measurement is the appropriate initial diagnostic test in patients with low pretest probability of venous thromboembolism (VTE) [American College of Physicians, with a similar recommendation from the American College of Radiology]

Cardiac Screening

1. Coronary angiography in patients without cardiac symptoms unless high-risk markers are present [American Society of Nuclear Cardiology]

2. Radionuclide imaging as part of routine follow-up in asymptomatic patients [American Society of Nuclear Cardiology]
3. Stress cardiac imaging or advanced non-invasive imaging:
   a. in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present, or
   b. as part of routine follow-up in asymptomatic patients, or
   c. as a pre-operative assessment in patients scheduled to undergo low-risk or intermediate-risk non-cardiac surgery. [American College of Cardiology and American Society of Nuclear Cardiology]
4. Annual electrocardiograms (EKGs) for low-risk patients without symptoms [American Academy of Family Physicians and National Physicians Alliance]
5. Echocardiography as routine follow-up for asymptomatic native valve disease in adult patients with no change in signs or symptoms. [American College of Cardiology]
6. Screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease.[American College of Physicians]

Overuse of Other Medications

1. Polypharmacy of psychotropic medications for behavioral health [National Quality Forum and Agency for Healthcare Research and Quality, with standards based upon population and setting]
2. Long-term acid suppression therapy (proton pump inhibitors or histamine2 receptor antagonists for gastroesophageal reflux disease (GERD) without titration to the lowest effective dose needed to achieve therapeutic goals [American Gastroenterological Association]

Overuse of Laboratory Tests

1. Routine CBC [National Physicians Alliance]
2. Routine urinalysis [National Physicians Alliance]
3. Routine metabolic panel [National Physicians Alliance]
4. Immunoglobulin testing not following the guidelines of the American Academy of Allergy, Asthma & Immunology in the evaluation of allergy [American Academy of Allergy, Asthma & Immunology

V. Additional Considerations:

The committee also identified other services where their medical knowledge indicated a potential for misuse and overuse. There is insufficient data or national guidelines at this time to inform a recommendation from the committee. However, the committee expressed concern regarding potential misuse and overuse in the following items:

- Hearing aids for dementia and Alzheimer patients in long term care facilities (LTC).
- Speech/Hearing Therapy
- Kinetic, physical, and occupational therapeutic activities.
- Repeat sleep studies in children.

VI. Challenges and Next Steps

HHSC has various options to act upon the PPQ recommendations. First steps could include:

- The designation of a business unit to serve as project lead for evaluation and implementation activities associated with the PPQ recommendations. *It should be recognized that some controls may already be in place to manage these services and prevent overuse. Also, due to the nature of the recommendations, they are not likely to be implemented solely through claims processing edits, but rather through utilization management processes and/or retrospective reviews. Therefore, any projected savings associated with these recommendations needs to be weighed against the cost of instituting those controls in both fee for service and managed care environments.*
- Distribution of the package of adopted recommendations to business units and contractors with a potential to facilitate improvement with potential overuse items identified by the PPQ.
- Request of the business units and contractors receiving the recommendation for options to facilitate improvement associated with the areas of potential overuse identified by PPQ. This may include opportunities to fold the PPQ recommendations into existing quality improvement projects.
- Requests to the business units and contractors charged with analysis functions for options for benchmarking the rate of utilization within Medicaid and estimating the rate of potential overuse, where possible. The options should include a discussion of the data available to produce benchmarks and an estimate of potential savings if rates of utilization met a medically appropriate target rate.
- The development of an outreach communication to Medicaid providers of the PPQ recommendations and a request for collaboration on improvement.
- Packaging of the recommendations for publication on the HHSC website.
- The development of a follow-up schedule by the project leader to track improvement over time and supply feedback to business units and contractors.